

**DELAWARE MOTORISTS PROTECTION ACT****REQUIRED STATEMENT TO POLICYHOLDERS**

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverage and limits of liability under the Delaware Motorists Protection Act:

A. Liability Coverage:**1. Split Limits Liability**

a. Bodily Injury Liability: (\$25,000 each person; \$50,000 each accident)

b. Property Damage Liability: (\$10,000 each accident)

2. Combined Single Limit Liability: (\$60,000)**B. Personal Injury Protection (\$15,000 each person, \$30,000 each accident)****C. Damage to Property Other Than a Motor Vehicle (\$10,000)**

INSURED:

POLICY NUMBER:

COMPANY:

EFFECTIVE DATE:

EXPIRATION:

VEHICLE:

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. LIABILITY COVERAGE (Compulsory)		
A. SPLIT LIMITS LIABILITY	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Bodily Injury Limits ,000 Each Person ,000 Each Accident
1. BODILY INJURY LIABILITY:	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Property Damage Limits ,000
2. PROPERTY DAMAGE LIABILITY:	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Combined Single Limit of Liability ,000 Each Accident
B. COMBINED SINGLE LIMIT LIABILITY (Combination of Bodily Injury and Property Damage)	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	
2. PERSONAL INJURY PROTECTION (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)		
A. SPLIT LIMITS	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Personal Injury Protection Limits ,000 Each Person ,000 Each Accident
B. COMBINED SINGLE LIMIT	I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Each Accident

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C. DEDUCTIBLE	I WANT: <input type="checkbox"/> Full Coverage with no Deductible <input type="checkbox"/> Deductible applicable to Named Insured only	Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
	(Motorcycle Risks Only) <input type="checkbox"/> Restricted Coverage - Excludes off the highway accidents and accidents when no other motor vehicle is involved	Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
3. PHYSICAL DAMAGE A. COLLISION B. COMPREHENSIVE	I WANT: <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> To Reject This Coverage Entirely	Deductible Deductible
4. CAR RENTAL EXPENSE (Optional)	I WANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	per day, Max
5. UNINSURED / UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in limits up to the Bodily Injury Liability Limits \$100,000/ \$300,000 whichever is less A. SPLIT LIMITS LIABILITY B. COMBINED SINGLE LIMIT LIABILITY C. OTHER LIMITS	I WANT: <input type="checkbox"/> Minimum Limits (\$25,000 / 50,000 / 10,000 <input type="checkbox"/> Bodily Injury and Property Damage Liability Policy Limit I WANT: <input type="checkbox"/> Minimum Limits (\$60,000) <input type="checkbox"/> Limits Equal to Policy Liability Limit I WANT: <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> To Reject this Coverage Entirely	,000 Each Person ,000 Each Accident Combined Single Limit
<p>* Uninsured/Underinsured Motorist's Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.</p> <p>Note: Liability Coverage, Personal Injury Protection and Uninsured/Underinsured Vehicle Coverage may all be written on either a split limit or single limit basis. However, when selected, all three coverages must be written on the same basis, i.e. Split Limits or Combined Single Limit.</p>		

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described on all future renewals of the

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policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Authorized Representative/Named Insured: _____

Named Insured:

Policy Number:

Agent's Name:

Date:

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS ONLY

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Authorized Representative/Named Insured: _____

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

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